

State of California
Secretary of State
Bill Jones

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FILED
In the office of the Secretary of State
of the State of California

MAR 10 2000

Bill Jones
BILL JONES, Secretary of State

CERTIFICATE OF LIMITED PARTNERSHIP

A \$70.00 filing fee must accompany this form.
IMPORTANT - Read instructions before completing this form.

This Space For Filing Use Only

1. NAME OF THE LIMITED PARTNERSHIP (END THE NAME WITH THE WORDS "LIMITED PARTNERSHIP" OR THE ABBREVIATION "L.P.")
Convoy Ventures I, L.P.

2. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE
330 West Santa Inez Avenue Hillsborough, CA 94010

3. STREET ADDRESS OF CALIFORNIA OFFICE WHERE RECORDS ARE KEPT
330 West Santa Inez Avenue Hillsborough CA 94010

4. COMPLETE IF LIMITED PARTNERSHIP WAS FORMED PRIOR TO JULY 1, 1984 AND IS IN EXISTENCE ON THE DATE THIS CERTIFICATE IS EXECUTED
THE ORIGINAL LIMITED PARTNERSHIP CERTIFICATE WAS RECORDED ON _____ 19 _____ WITH THE RECORDER
OF _____ COUNTY. FILE OR RECORDATION NUMBER _____

5. NAME THE AGENT FOR SERVICE OF PROCESS AND CHECK THE APPROPRIATE PROVISION BELOW:
Andrew Stern _____ WHICH IS

- ☒ AN INDIVIDUAL RESIDING IN CALIFORNIA. PROCEED TO ITEM 6.
☐ A CORPORATION WHICH HAS FILED A CERTIFICATE PURSUANT TO SECTION 1505. PROCEED TO ITEM 7.

6. IF AN INDIVIDUAL, CALIFORNIA ADDRESS OF THE AGENT FOR SERVICE OF PROCESS:
ADDRESS: 330 West Santa Inez Avenue
CITY: Hillsborough STATE: CA ZIP CODE: 94010

7. NAMES AND ADDRESSES OF ALL GENERAL PARTNERS: (ATTACH ADDITIONAL PAGES, IF NECESSARY)
A. NAME: Convoy Capital, LLC
ADDRESS: 330 West Santa Inez Avenue
CITY: Hillsborough STATE: CA ZIP CODE: 94010

B. NAME:
ADDRESS:
CITY: STATE: ZIP CODE:

8. INDICATE THE NUMBER OF GENERAL PARTNERS' SIGNATURES REQUIRED FOR FILING CERTIFICATES OF AMENDMENT, RESTATEMENT, MERGER
DISSOLUTION, CONTINUATION AND CANCELLATION. 1

9. OTHER MATTERS TO BE INCLUDED IN THIS CERTIFICATE MAY BE SET FORTH ON SEPARATE ATTACHED PAGES AND ARE MADE A PART OF THIS
CERTIFICATE. OTHER MATTERS MAY INCLUDE THE PURPOSE OF BUSINESS OF THE LIMITED PARTNERSHIP E.G. GAMBLING ENTERPRISE

10. NUMBER OF PAGES ATTACHED, IF ANY: None

11. I CERTIFY THAT THE STATEMENTS CONTAINED IN THIS DOCUMENT ARE TRUE AND CORRECT TO MY OWN KNOWLEDGE. I DECLARE THAT I AM THE
PERSON WHO IS EXECUTING THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.

Andrew Stern
SIGNATURE Manager
Robert C. Bolt
SIGNATURE Manager
POSITION OR TITLE

Convoy Capital, LLC general partner
Andrew Stern 27 Feb 2000
PRINT NAME DATE
Convoy Capital, LLC general partner
Robert C. Bolt 2/27/00
PRINT NAME DATE